

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2281**

Fields marked with \* are required

**Name of Initiator:** Pamela Sedillo    **Email:** [psedill1@unm.edu](mailto:psedill1@unm.edu)    **Phone Number:** 505 272-1917    **Date:** 10-02-2018

Associated Forms exist? Yes  Initiator's Title Copenh Student Success Manager  
Faculty Contact Kristine Tollestrup    Administrative Contact Pamela Sedillo  
Department Master of Public Health    Admin Email psedill1@salud.unm.edu  
**Branch**    Admin Phone 21917

**Proposed effective term**

Semester Fall  Year 2019

**Course Information**

Select Appropriate Program Graduate Degree Program   
Name of New or Existing Program MPH Public Health concentration: Community Health Intervention (HSC)  
Select Category Concentration  Degree Type MPH  
Select Action Revision

Exact Title and Requirements as they should appear in the catalog. If there is a change, upload current and proposed requirements.

See current catalog for format within the respective college (upload a doc/pdf file)

[Form C Community Health Concentration 10.18.docx](#)

**Does this change affect other departmental program/branch campuses? If yes, indicate below.**

Reason(s) for Request (enter text below or upload a doc/pdf file)

This is an associated form with the MPH core requirements. We are also formally dropping the "Intervention" word from the concentration title and adjusting our electives for this concentration.

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

[CHC\\_implications.docx](#)

**Are you proposing a new undergraduate degree or new undergraduate certificate? If yes, upload the following documents.**

Upload a two-page Executive Summary authorized by Associate Provost. (upload a doc/pdf file)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)